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ABSTRACT

As the population of the United States rapidly grays, the plight of older people living in assisted living situations is of growing concern to health and mental health care teams, as well as the families of the individuals residing in these living environments. This large group of residents, past the stage of living in their own homes, yet not in need of skilled care, is at risk for low satisfaction with life, depression, and hopelessness. Due to the potentially positive roles of hope and spirituality in lowering depression levels and raising life satisfaction ratings, the current study was conducted in order to empirically examine the relationship among these variables for senior adults in assisted living facilities. Results reveal that life satisfaction correlated positively with hope and spirituality, and negatively with depression. Life satisfaction did not correlate significantly with indicators of poor health as expected, however, the correlation did approach significance. Additionally, depression was found to be significantly negatively correlated with spirituality and hope. (Contains 27 references.) (Author/GCP)

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Running head: VARIABLES RELATED TO LIFE SATISFACTION

Variables Related to Life Satisfaction among Senior Adults in Assisted Living Facilities

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Abstract

As the population of the United States rapidly grays, the plight of older people residing in assisted living situations is of growing concern to health and mental health care teams, as well as the families of the individuals residing in these living environments. This large group of residents, past the stage of living in their own homes, yet not in need of skilled care, is at risk for low satisfaction with life, depression, and hopelessness. Due to the potentially positive roles of hope and spirituality in lowering depression levels and raising life satisfaction ratings, the current study was conducted in order to empirically examine the relationship among these variables for senior adults in assisted living facilities.

Variables Related to Life Satisfaction among Senior Adults

in Assisted Living Facilities

As the population of the United States rapidly grays, the plight of older people residing in assisted living situations is of growing concern to health and mental health care teams, as well as the families of the individuals residing in these living environments. This large group of residents, past the stage of living in their own homes, yet not in need of skilled care, is at risk for low satisfaction with life, depression, and hopelessness. Senior adults who live in their own homes are relatively free to structure their lives as they wish, while patients in nursing homes are tended by a team of health professionals, and thus have many of their social as well as physical needs met. Those elderly in assisted living facilities, however, seem to exist in a limbo - past retirement, but not in need of skilled nursing care. Despite the less than optimal conditions experienced in many assisted living situations, some people maintain, even thrive, while others decline. The purpose of the present research was to explore variables that are related to life satisfaction among senior adult residents in assisted living communities. Using life satisfaction as the criterion variable, we hypothesized that results would show a negative relationship with depression and symptoms of poor health, and a positive relationship with hope and spirituality.

Depression Rates in Senior Populations

The prevalence of mental disorders found among elderly populations appears to be similar to that found in younger populations with the exception of depression and dementia which are found more often in senior adults (Rogers, 1999). According to McCullough (1991) and Molinari (1991), depression is found in approximately .7% to 2.7% of the general population

whereas depressive symptoms among the elderly are estimated to range from 2.5% to 45% of the population with an average of 20%. More specifically, Oxman, Barrett, Barrett, and Gerber (1990) report 6% to 9% prevalence estimates for major depressive disorder diagnoses of elderly adults treated in primary care facilities, and Parmelee, Katz, and Lawton (1992) report 10 % - 15% prevalence rates of major depression in elders with chronic medical conditions and in senior adults who reside in institutional settings. Older adults who do not meet full criteria for major depression may receive a diagnosis of minor depression which has prevalence estimates ranging from 4% to 26% for elders living in the community (Blazer, Hughes, & George, 1987), 47% to 52% for elderly medical outpatients (Oxman et al.), and 18% to 30.5% of senior residents in institutional settings (Parmelee et al.).

Depression and Health Status

Maintaining optimal physical health is a salient issue among many senior adults. Rogers (1999) reports that mental illness, specifically depression, can significantly interfere with older adult's abilities to cope with and recover from physical conditions. In addition, lower rates of recovery from depression have been linked with comorbid medical problems and long-term disability (Rogers). Gerety and Farnett (1995) report that physical illness and depression may co-occur in up to 45% of individuals with physical ailments in senior populations.

A number of self-report survey studies with elderly individuals have concluded that among this population, depressive symptoms are significantly related to medical problems and problems with daily living skills. Those who perceived their health as poor and those who did not feel they had control over their health also had more depressive symptoms. Self-reported

ailing health, inability to participate fully in daily living activities, and symptoms of physical conditions such as pain and arthritis were all associated with higher levels of depression among those surveyed (Henderson et al., 1993; Kennedy et al., 1989).

The Role of Hope

C. R. Snyder (1994) defines hope as an active cognitive process of goal selection, empowerment, and the ability to find alternate ways to reach goals when problems are encountered. Cheavens and Gum (2000) contend that hope plays a significant role in the lives of all people, including those over age 65. They report that life satisfaction and successful aging are linked with high levels of hope in the later years whereas elderly individuals with lower levels of hope are likely to be less satisfied with life and to experience increased disease states.

Snyder and colleagues (1991) have also found strong negative relationships between hope and depression such that those individuals who are low in hope are also more depressed than those with high hope levels. Furthermore, Snyder, LaPointe, Crowson, and Early (in press) report that the thinking patterns of depressed persons and those low in hope are similar. Based on this evidence, Klausner, Snyder, and Cheavens (2001) developed a hope-based, goal focused group psychotherapy intervention for the purpose of treating individuals with late-life depression. The intervention was tested and shown to reduce depressed mood, anxiety, and hopelessness while increasing hope and social functioning. The authors concluded that these improvements have the potential to enhance the quality of life and life satisfaction in the senior population.

The Role of Spirituality

Spirituality has been postulated as one of the factors that may help some older adults to cope and even thrive despite less than ideal health status, economic status, living conditions, role loss, and loss of loved ones (Neill & Kahn, 1999). Hunsberger (1985) discovered a positive relationship between life satisfaction and religion among senior adults, and Morse and Wisocki (1988) reported levels of religious activity and beliefs to be associated with increased psychological health in the elderly.

Based on the above literature related to high levels of depression and low levels of life satisfaction among the senior population, there appears to be a need for mental health practitioners to provide interventions to senior adults to help decrease depression and increase satisfaction among these clients. Due to the potentially positive roles of hope and spirituality in lowering depression levels and raising life satisfaction ratings, the current study was conducted in order to empirically examine the relationship among these variables for senior adults in assisted living facilities.

Method

Participants

The participants in this study were 29 women and 13 men between the ages of 55 and 98 residing in Christian-affiliated assisted living facilities in two midwestern communities. The majority of participants were Caucasian and of middle to lower middle socioeconomic status.

Materials

The Geriatric Depression Scale (GDS, Yesavage et al., 1983) is a 30-item self-report measure, yielding possible scores of 0 to 30. Internal reliability studies have reported alpha levels of .88 to .94. Test-retest correlations, at intervals from 2 hours to 1 month, were found to be high, ranging from .85 to .94. Studies of construct validity have demonstrated that the GDS correlates positively with other measures of depression. The GDS has not been found to correlate with cognitive screening tests, supporting its divergent validity (Stiles & McGarrahan, 1998).

In order to measure health problems, the Symptom Checklist (SC), a 20-item instrument designed to measure frequency of psychiatric/medical symptoms was used. The SC has excellent internal consistency with alphas that range from .90 to .93, and good predictive validity has been reported (Bartone, Ursano, Wright, & Ingraham, 1989).

The Adult Hope Scale (Snyder et al, 1991) is a 12-item self report assessment designed to measure the extent to which people believe they can find ways to solve problems, and the amount of mental energy they have to pursue their goals. The scale yields a total hope score, and scores on the two sub-scales of pathways and agency. Cronbach alphas for the total hope score are reported to range from .74 to .84 and test-retest reliability over a 10-week interval was found to be high with a correlation of .80. Construct validity has been found with positive correlations between the Hope Scale and measures of optimism, expectancy for attaining goals, amount of expected control, and self-esteem. Likewise, negative correlations have been reported between the Hope Scale and measures of depression and hopelessness.

The Spiritual Well-being Scale (Ellison & Paloutzian, 1982) is a 20-item self-report instrument developed as a general indicator of the subjective states of religious and existential well-being and overall life satisfaction. The test-retest reliability coefficient is .93 and internal consistency is .89. The validity is reported as being acceptable with positive correlations between the SWB scale and standard indicators of well-being such as positive self-concept, finding meaning and purpose in life, high assertiveness, low aggressiveness, good physical health, and good emotional adjustment. The SWB scale negatively correlates with indicators of ill health, loneliness, emotional maladjustment, and dissatisfaction with life.

The Life Satisfaction Index-Z (Wood, Wylie, & Sheafor, 1969), a 13-item scale with scores ranging from 0-26, was also administered. Higher scores indicate higher life satisfaction. The split-half reliability coefficient is .79 and the coefficient alpha is .80. The Life Satisfaction Index-Z has been shown to demonstrate discriminant validity between individuals with low and high satisfaction (Neugarten, Havighurst, & Tobin, 1961).

Procedure

All data were collected in the participants' assisted living communities. Approximately two-thirds of the participants were interviewed individually by a member of the research team, while the remaining third completed the measures on their own with a researcher nearby to answer questions.

Results

To examine the extent to which depression, symptoms of poor health, hope, and spirituality were related to life satisfaction, Pearson product moment correlation coefficients

were calculated. Correlations revealed a significant negative relationship between life satisfaction and depression ($r = -.748$, $p < .01$) and a non-significant negative relationship between life satisfaction and symptoms of poor health ($r = -.299$). Positive, significant relationships were found for life satisfaction and hope ($r = .575$, $p < .01$), life satisfaction and each of the hope subscales (agency: $r = .620$, $p < .01$; pathways: $r = .430$, $p < .01$) and life satisfaction and spirituality ($r = .497$, $p < .01$). See Table 1 for the complete correlation matrix results.

Discussion

Life satisfaction correlated positively with hope and spirituality, and negatively with depression. Life satisfaction did not correlate significantly with indicators of poor health as expected, however, the correlation did approach significance at the .05 level. Those individuals with higher hope and spirituality showed higher life satisfaction. Additionally, depression was found to be significantly negatively correlated with spirituality, hope, and both of the hope subscales. Positive correlations were found between spirituality and hope, including both hope subscales.

Hope was a factor of major interest in the study. Strategies for teaching the hope process have been developed and used successfully with children and adults (McDermott & Snyder, 1999; Snyder 2000). Once the factors that predict life satisfaction among the assisted living population have been identified, hope building strategies for these senior adults can be developed and implemented. This research is a preliminary step toward the development of a program to enhance life satisfaction among the assisted living population.

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Table 1

Correlation Matrix

	Depression	Spirituality	Hope	Hope: Agency	Hope: Pathways	Symptoms of Poor Health	Life Satisfaction
Depression	1.000						
Spirituality	-.558**	1.000					
Hope	-.600**	.488**	1.000				
Hope: Agency	-.657**	.466**	.891**	1.000			
Hope: Pathways	-.441**	.419**	.915**	.632**	1.000		
Symptoms of Poor Health	.473**	-.083	-.231	-.195	-.221	1.000	
Life Satisfaction	-.748**	.497**	.575**	.620**	.430**	-.299	1.000

** Correlation is significant at the 0.01 level (two-tailed).

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